

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Office of Public Health and Science (OPHS)

American Recovery and Reinvestment Act (Recovery Act) of 2009

**Funding Opportunity Title:** ARRA Prevention and Wellness- Leveraging National Organizations

**Announcement Type:** Competitive Initial Announcement of Availability of Funds

**Funding Opportunity Number:** OS-PAW-10-001

**Catalog of Federal Domestic Assistance Number:** 93.731

**Statutory Authority:**

This cooperative agreement program is authorized under 42 U.S.C. 300k-1, 300, section 1701 of the Public Health Service Act, as amended.

**KEY DATES:** To receive consideration, applications must be received electronically through [www.Grants.gov](http://www.Grants.gov) or [www.GrantSolutions.Gov](http://www.GrantSolutions.Gov) before 11:00 P.M. Eastern Time on April 19, 2010. Should an applicant choose to submit a hard copy mail submission, these applications must be received by the Office of Grants Management, Office of Public Health and Science (OPHS), Department of Health and Human Services (DHHS) c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, no later than 5:00 p.m. Eastern Time on April 19, 2010. Applications will not be accepted by fax, nor will the submission deadline be extended. The application due date requirement specified in this announcement supersedes the instructions in the OPHS-1. Applications which do not meet the deadline will be returned to the applicant unread. See Section IV.3. Submission Dates and Times for information on application submission mechanisms.

Applicants are required to submit a Letter of Intent (LOI) to be eligible to apply for this program and must be received by the Office of Grants Management, Office of Public Health and Science (OPHS), Department of Health and Human Services (DHHS) c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, no later than 5:00 p.m. Eastern Time on March 30, 2010. Failure to submit a LOI will result in non-responsiveness and the applicant will be prohibited from applying.

### **Pre-Application Support:**

Funding Opportunity Announcement (FOA) information will be available for potential applicants on a conference call to be conducted by the Office of Public Health and Science. The call will be held on Monday, March 15, 2010 from 3:00-4:30pm Eastern Daylight Time. The conference call can be accessed by calling 1-866-972-9342. The leader for this call is Julie Moreno and the pass code is 69106. Frequently asked application questions can be accessed at: <http://www.hhs.gov/ophs/funding/index.html>. Additional inquiries may be sent to the following email address: [natorg.cppw@hhs.gov](mailto:natorg.cppw@hhs.gov).

### **Executive Summary**

This notice announces the availability of \$10 million as part of the Communities Putting Prevention to Work (CPPW) initiative for National Organizations to work in partnership with communities to achieve the following goals: (1) increase levels of physical activity; (2) improve nutrition (e.g. increase fruit/vegetable consumption, reduce salt and trans fats); (3) decrease overweight/obesity prevalence; (4) decrease smoking prevalence and teen smoking initiation; and (5) decrease exposure to second-hand smoke. National organizations play a critical role in

disease prevention and health promotion by building partnerships, providing expert guidance, and implementing strategies that positively impact policies, systems, and environments.

This National Organizations Initiative will focus on:

- Providing resources [including but not limited to policy briefs, guidance, tools, training (e.g., outreach and cultural competency), technical assistance, linkages with other federally funded activities and program delivery] and promoting prevention efforts to CPPW-funded communities through the national organizations' systems and networks. This required activity is the priority component of the National Organizations Initiative;
- Sustaining community prevention efforts beyond Recovery Act CPPW funding;
- Supporting a National Prevention Media Initiative through co-branding and augmenting HHS-developed media campaigns in communities.

## **I. Funding Opportunity Description**

This cooperative agreement program is authorized under 42 U.S.C. 300k-1, 300, section 1701 of the Public Health Service Act, as amended.

This Funding Opportunity Announcement (FOA) focuses on two categories of activities:

- Category A: Obesity prevention through improved nutrition and increased physical activity
- Category B: Tobacco prevention and control

Eligible applicants may propose activities in one or both categories and must specify the category(s) in their application. If applicants are applying to both categories, separate applications must be submitted for each category. Eligible applicants may be public or private

nonprofit organizations and have an established (two years or longer) national outreach infrastructure with an existing focus on population based approaches such as policy, systems, and environmental change in the areas of obesity, nutrition, physical activity, and/or tobacco.

Proposals from national organizations seeking funding must include a description of the organization, including its mission, infrastructure, and staffing; a budget; a description of the proposed approach to helping select communities implement evidence-based strategies; an estimate of the impact of their efforts; and, an evaluation plan.

Monitoring and evaluation of the Recovery Act-funded efforts will focus on the augmentation and implementation of community-wide policy, systems, and environmental changes, as well as community approaches to reducing the prevalence of obesity and tobacco.

### **I.1. Background**

In the United States today, seven of ten deaths, the vast majority of serious illness and disability, and more than 75% of health care costs are caused by chronic diseases, such as obesity, diabetes and cardiovascular disease ([www.cdc.gov/nccdphp/overview.htm](http://www.cdc.gov/nccdphp/overview.htm)). Key behavioral risk factors, such as – lack of physical activity, poor nutrition and tobacco use – are major contributors to these statistics. Many Americans die prematurely and suffer from diseases that could be prevented or more effectively managed. Additionally, many populations, including racial and ethnic minority populations, are disproportionately impacted by chronic disease.

Research has shown that implementing policy, systems, and environmental changes, such as improving physical education in schools, 100% smoke-free policies, or providing access to

nutritious foods can result in positive behavior changes related to physical activity, nutrition, and tobacco use, which positively impact multiple chronic disease outcomes.

The Recovery Act, signed into law February 17, 2009, is designed to stimulate economic recovery in various ways, including strengthening the Nation's healthcare infrastructure and reducing healthcare costs through prevention activities. The Recovery Act includes a Prevention & Wellness Fund (Fund) of \$1 billion, of which \$650 million was provided for evidence-based clinical and community-based prevention and wellness strategies that support specific, measurable health outcomes to reduce chronic disease rates. The legislation provides an important opportunity for states, territories, cities, rural areas, and tribes to advance public health across the lifespan and to reduce health disparities.

The HHS Centers for Disease Control and Prevention (CDC) has previously announced the availability of the first portion of the Fund (Funding Opportunity Number: CDC-RFA-DP09-912ARRA09; Catalog of Federal Domestic Assistance Number: 93.724) for an initiative entitled Communities Putting Prevention to Work (CPPW) to support intensive community approaches to chronic disease prevention and control in selected communities (territories, urban and rural), to achieve the following prevention outcomes:

- Increased levels of physical activity;
- Improved nutrition (e.g. increased fruit/vegetable consumption, reduced salt and trans fats);
- Decreased overweight/obesity prevalence

- Decreased smoking prevalence and decreased teen smoking initiation; and
- Decreased exposure to secondhand smoke.

*Note: Specific long-term target measures that align with the broad goals above are outlined in Appendix A.*

*Note: The CDC expects to make awards for the CPPW-funded communities on or around February 26.*

In addition, CDC has announced that a second portion of the CPPW (funding opportunity number: CDC-RFA-DP09-90101ARRA09) will support states in two critical areas: (1) policy and environmental change: under direction of CDC, states will receive funding to promote state-wide policy and environmental changes in support of community efforts; and (2) tobacco cessation: under direction of CDC, all currently funded states and territories will be eligible to apply for and expected to receive funding to expand tobacco quit lines, in concert with expanded media campaigns. The HHS Administration on Aging will also have responsibility for implementing a component of the CPPW that enables all states to be eligible and apply for funds to develop or expand chronic disease self management programs. In addition, a National Prevention Media campaign will be developed and launched by CDC in the near future to support the overall CPPW initiative. To assess overall progress of the initiative, the CDC will have responsibility for evaluating community and national-level progress using national data surveillance systems.

## **I.2. Purpose**

The purpose of the National Organizations Initiative is to augment, implement, and disseminate community-wide policies, systems, and environmental changes - first and foremost in the

selected CPPW-funded communities and second across affiliates and networks nationwide.

Selected national organizations will collaborate with partners in government, health, education and academia, business, community and faith-based organizations, development, transportation and land use, parks and recreation, foundations, and other community sectors to promote health and prevent chronic diseases.

The National Organizations Initiative will address the following areas, consistent across the CPPW initiative:

- Obesity -- prevention efforts through improved nutrition and increased physical activity, and
- Tobacco -- prevention and control activities.

### **I.3. Recipient Activities**

Applicants can seek funding in two general categories:

**Category A:** obesity prevention efforts through improved nutrition and increased physical activity

**Category B:** tobacco prevention and control activities

Applicants can propose activities in Category A or Category B or both. If applying for both categories, a separate application must be submitted for each category. Should an applicant compete successfully in both categories, HHS will work with the grantee to merge the staffing plans and reduce the requested budgets accordingly in order to reflect a combined operating

structure. Applicants for Categories A or B may request funding up to \$1.5 million for the 24 month budget period.

All applications, regardless of category must include the following:

### **I.3.i. Description of the National Organization**

The description should include a brief history, the mission and vision, major programs/initiatives/activities, the organizational and management structure, and funding sources of the organization. As national organizations will support the CPPW-funded communities as part of their workplan, national organizations must demonstrate evidence that the organization operates nationally within the United States and/or its territories and has affiliate offices, or chapters, in a minimum of five of the regions of HHS. National Organizations that are wholly tribal-focused need not meet the five regions requirement and are encouraged to apply. OPHS as part of its management responsibility will work with grantees to align with CPPW-funded communities within their network. Additionally, the national organization's description should demonstrate knowledge and experience in addressing health disparities in populations disproportionately impacted by chronic disease (e.g. racial and ethnic minority populations, persons with disabilities, etc).

### **I.3.ii. Budget and Statement of Fiscal Management and Integrity**

The budget should:

- demonstrate how awarded funds will be used to support the goals of the initiative and achieve the proposed interventions;



- not exceed a request of \$1.5 Million;
- include information about all other sources of funding, including whether any of the national organization's affiliates or stakeholders have applied for CPPW funding;
- provide evidence of the sustainability of planned interventions beyond the award amount and project period. This may include plans to leverage other resources available, including federal, state, and local sources, both during and after the project period;
- include a staffing plan and resumes of key personnel.

The fiscal management statement should:

- describe the organization's fiscal management procedures to track and monitor expenditures separate from other federal funding streams;
- describe systems to meet the online reporting criteria and timelines associated with Recovery Act funding. (For additional information, see Reporting Requirements under "Recovery Act-Specific Reporting Requirements" of this FOA.)

### **I.3.iii. Work Plan**

The CDC supported CPPW-funded communities will implement evidence-based strategies in accordance with the CDC MAPPS strategy. MAPPS strategies for obesity (nutrition and physical activity) and tobacco are outlined below. As grantees are required to support the CDC-funded CPPW communities as part of their work plan, applicants must be prepared to support these communities in their implementation of the MAPPS strategies. OPHS will match the funded national organizations with the CDC-funded CPPW communities based on the expertise of the national organization and the selected MAPPS strategies of the CPPW-funded community.

## MAPPS Strategies for Category A; Obesity

	<b>Nutrition</b>	<b>Physical Activity</b>
<b>Media</b>	<ul style="list-style-type: none"> <li>Media and advertising restrictions consistent with federal law</li> <li>Promote healthy food/drink choices</li> <li>Counter-advertising for unhealthy choices</li> </ul>	<ul style="list-style-type: none"> <li>Promote increased activity</li> <li>Promote use of public transit</li> <li>Promote active transportation (bicycling and walking)</li> <li>Counter-advertising for screen time</li> </ul>
<b>Access</b>	<ul style="list-style-type: none"> <li>Healthy food/drink availability (e.g., incentives to food retailers to locate/offer healthier choices in underserved areas, healthier choices in child care, schools, worksites)</li> <li>Limit unhealthy food/drink availability (whole milk, sugar sweetened beverages, high-fat snacks)</li> <li>Reduce density of fast food establishments</li> <li>Eliminate transfat through purchasing actions, labeling initiatives, restaurant standards</li> <li>Reduce sodium through purchasing actions, labeling initiatives, restaurant standards</li> <li>Procurement policies and practices</li> <li>Farm to institution, including schools, worksites, hospitals and other community institutions</li> </ul>	<ul style="list-style-type: none"> <li>Safe, attractive accessible places for activity (e.g. access to outdoor recreation facilities, enhance bicycling and walking infrastructure, place schools within residential areas, increase access to and coverage area of public transportation, mixed use development, reduce community designs that leads to injuries).</li> <li>City planning, zoning and transportation (e.g., planning to include the provision of sidewalks, mixed use, parks with adequate crime prevention measures, and Health Impact Assessments)</li> <li>Require daily quality PE in schools</li> <li>Require daily physical activity in afterschool/childcare settings</li> <li>Restrict screen time (afterschool, daycare)</li> </ul>
<b>Point of Purchase/ Promotion</b>	<ul style="list-style-type: none"> <li>Signage for healthy vs. less healthy items</li> <li>Product placement &amp; attractiveness</li> <li>Menu labeling</li> </ul>	<ul style="list-style-type: none"> <li>Signage for neighborhood destinations in walkable/mixed-use areas</li> <li>Signage for public transportation, bike lanes/boulevards.</li> </ul>
<b>Price</b>	<ul style="list-style-type: none"> <li>Changing relative prices of healthy vs. unhealthy items (e.g. through bulk purchase/procurement/competitive pricing).</li> </ul>	<ul style="list-style-type: none"> <li>Reduced price for park/facility use</li> <li>Incentives for active transit</li> <li>Subsidized memberships to recreational facilities</li> </ul>
<b>Social Support &amp; Services</b>	<ul style="list-style-type: none"> <li>Support breastfeeding through policy change and maternity care practices</li> </ul>	<ul style="list-style-type: none"> <li>Safe routes to school</li> <li>Workplace, faith, park, neighborhood activity groups (e.g., walking hiking, biking)</li> </ul>

## MAPPS Strategies for Category B; Tobacco

	<b>Tobacco</b>
<b>Media</b>	<ul style="list-style-type: none"><li>• Media and advertising restrictions consistent with federal law</li><li>• Hard hitting counter-advertising</li><li>• Ban brand-name sponsorships</li><li>• Ban branded promotional items and prizes</li></ul>
<b>Access</b>	<ul style="list-style-type: none"><li>• Usage bans (i.e. 100% smoke-free policies or 100% tobacco-free policies)</li><li>• Usage bans (tobacco-free worksites and or school campuses)</li><li>• Zoning restrictions</li><li>• Restrict sales (e.g. internet; sales to minors; stores/events w/o tobacco)</li><li>• Ban self-service displays &amp; vending</li></ul>
<b>Point of Purchase/ Promotion</b>	<ul style="list-style-type: none"><li>• Restrict point of purchase advertising</li><li>• Labeling/ signage/ placement to discourage consumption of tobacco</li></ul>
<b>Price</b>	<ul style="list-style-type: none"><li>• Use evidence-based pricing strategies that discourage tobacco use</li><li>• Ban free samples and price discounts</li></ul>
<b>Social Support &amp; Services</b>	<ul style="list-style-type: none"><li>• Quitline and other cessation services</li></ul>

The national organizations workplan must:

- Identify whether the proposed activities are in Category A or Category B:
  - Category A: Obesity prevention through improved nutrition and increased physical activity
  - Category B: Tobacco prevention and control
- Include the following key activities (all items are required and listed by priority)
  - Demonstrate expertise in a minimum of three MAPPS strategies through previous community level policy interventions, trainings convened, and/or program delivery;
  - Develop a plan for providing stated MAPPS expert resources to CPPW-funded communities (soon to be identified) through national organization's headquarters or affiliate network, mentoring, social networking assistance and/or direct technical assistance to the communities;

- Incorporate the development and utilization of policy briefs and other similar tools to promote policy and environmental reforms consistent with applicant's expert MAPPS strategy;
  - Incorporate the convening of policy roundtable discussions or other similar forums to promote policy and environmental reforms consistent with proposed expert MAPPS strategies;
  - Provide resources (including outreach, training, technical assistance, evaluation support and/or program delivery) and promote MAPPS prevention efforts in non CPPW-funded communities through the national organizations' networks;
  - Disseminate and promote effective population-based approaches to obesity and tobacco prevention and control to support communities' changes in policy, systems, and environment nation-wide; and,
  - Enhance a National Prevention Media Initiative (currently under development) through co-branding and augmenting media campaigns in select communities (CPPW-funded and non CPPW-funded).
- Provide a timeline for implementation of activities that demonstrates utilization of resources within the CPPW-funded communities as the first and most significant activity of the workplan followed by; (2) activities engaging other affiliates and/or networks and (3) support for a National Media Initiative.
  - Articulate a clear understanding of the CPPW Initiative and the relationship of the proposed activities of the national organization to the goals of the overall CPPW initiative.

- Include a plan for sustaining efforts beyond federal funding through this initiative. Including and/or citing established partnerships to leverage additional support for the workplan is encouraged and will receive additional considerations in the application scoring process. Memorandums of understanding citing partnerships, deliverables, and amount of support must be included in the application's appendix for additional point consideration.
- Include a staffing and management plan that delineates organizational lines of authority, proposed staff experience and clearly articulates staff roles as they relate to the overall workplan.

#### **I.3.iv. Evaluation Plan and Recovery Act Reporting Requirement: Output and Outcome Measures**

Since a critical component of the National Organizations is to support and assist CPPW-funded communities with their expert resources, the National Organizations and the CPPW-funded communities will share ownership of the same outcome measures— approval/enactment of MAPPS-related policy, systems, and environmental change in physical activity, nutrition, and tobacco in funded communities. Because the National Organizations and their local affiliates have a distinct supporting role in these community-wide efforts, the output measures track the kinds of added-value to be derived from involvement of the National Organizations and its local affiliates in the community-wide efforts which should help drive the outcome measure. All grantees will be monitored on the following outcome and output reporting measures:

#### **Outcome Measure**

- Measure: *Percentage of relevant MAPPS strategies on which the National Organization/its local chapters are collaborating with ARRA-funded communities for which the intended policy, systems, or environmental change has been approved/enacted.*
- Frequency: Quarterly. Funded recipients will report to OPHS.

#### Output Measures

- Measure: Number of Recovery Act-funded communities in which the National Organizations' local affiliates are co-branding media messages and materials from national media campaign and/or where the National Organization itself is using and distributing co-branded materials.
- Measure: Number of peer-to-peer mentorships/technical assistance relationships provided by the National Organizations' local affiliates to programs in CPPW-funded communities and/or instances of direct consultation/assistance by the national organization to programs in CPPW-funded communities.
- Measure: Estimated financial and in-kind additional support national organizations were successful in leveraging for sustaining community prevention activities.
- Measure: Development and use of policy documents:
  - Number of policy issue briefs/policy documents developed and issued by the National Org or its local affiliates.
  - Number of community programs using the policy issue briefs/policy documents in their policy mobilization work
- Measure: Development and participation in policy sessions
  - Number of policy workshops, roundtables, forums or similar activities organized by the National Organizations or its local affiliates.

- Number of participants in these policy workshops, roundtables, forums and similar activities from programs in CPPW-funded communities
- Frequency (all output measures): Quarterly. Funded recipients will report to OPHS.

In addition to the requirements outlined above, applicants must develop an evaluation approach that captures key information on what implementation and guidance strategies were successful, why, and other lessons learned. The evaluation plan should include qualitative and/or quantitative measures that document the degree to which the applicant's efforts: (1) have contributed to policy change at community and/or national levels; (2) have resulted in implementation of broad-based prevention efforts within the national organizations affiliate network; (3) have included appropriate partnerships/growth in partnerships to augment strategies and interventions; and (4) promoted sustainability of community-based prevention activities. A report on this evaluation component will be due mid-project period (12 months) and at the end of the project period (24 months).

A minimum of ten percent of the proposed budget for the entire work plan should support ARRA reporting and evaluation requirements.

#### **I.4. OPHS Activities**

Through a cooperative agreement, OPHS staff will have substantial involvement in the program activities above and beyond routine grant monitoring. Additionally, OPHS will work closely with CDC program staff to ensure linkages between funded national organizations and CPPW-funded communities.

OPHS activities for this program are as follows:

- Provide ongoing programmatic support to the national organizations to ensure success for Recovery Act-funded activities in the following areas:
  - Evidence-based and practice-based approaches
  - Partnership development
  - Implementation of broad-based policy, systems, and environmental changes
  - Evaluation of policy, system, and environmental level change
  - Monitoring of risk behavior change and longer-term health outcomes
- Match funded national organizations with the select CPPW-funded communities and continually redirect as appropriate or necessary.
- Foster the transfer of successful evidence and practice-based interventions, program models and other information by convening meetings, workshops, web forums, conferences, and conference calls with awardees and stakeholders;
- Conduct on-site visits to awardees to ensure achievement of quarterly benchmarks and project success as necessary and as determined by the Recovery Act.

## **II. Award Information**

Type of Award: Cooperative Agreement

OPHS's substantial involvement in this program is listed in the Activities Section above.

Fiscal Year Funds: 2010

Approximate Current Fiscal Year Funding: \$10 Million available

Range and Average of Financial Assistance: Up to \$1.5 Million per award



Number of Awards: Up to 10 awards will be made under this funding announcement, approximately five in Category A and five in Category B. Additionally, geographic diversity across the HHS Regions will be considered in making awards. Awards will vary with size of the national organization, proposed activities, and strength of the proposed workplan in achieving results within the specified timeframe.

Anticipated Award Date: May 2010.

Budget Period Length: 24 months

Project Period Length: 24 months

The Recovery Act appropriation for this activity states that funding will support evidence-based clinical and community-based prevention and wellness strategies. Therefore, this announcement is categorized as a training and technical assistance grant and applies only to non-research, non-demonstration activities. If research or demonstration projects are proposed, the application will not be reviewed.

Please note: Applicants who apply for both Categories A and B of this announcement must submit two separate applications. Should an applicant receive awards in both categories, OPHS will work with the grantee to merge the staffing plans and reduce the requested budgets accordingly in order to reflect a combined operating structure.

### **III. Eligibility Information**

#### **III.1. Eligible Applicants**

Eligible applicants may be public or private nonprofit organizations and have an established (two years or longer) national outreach infrastructure with an existing focus on population based approaches such as policy, systems, and environmental change in the areas of tobacco, obesity,

nutrition, and/or physical activity. Additionally, applicants must provide performance data that documents health outcome changes that have resulted from previous projects and/or campaigns. National reach must include established networks and/or affiliates within five or more of the ten HHS regions. An established relationship or proposed collaboration with an HHS Regional Health Administrator is preferred. Applications from organizations representing tribal communities and/or nations will be treated uniquely and separately. Eligible organizations are required to have experience in collaborating with organizations that address health disparities and experience working with non-traditional partners. Examples include partnerships with organizations focusing on education, housing, labor, transportation, and commerce.

Eligible applicants must have adequate infrastructure to support community interventions during planning, implementation, and evaluation phases.

Note: Title 2 of the United States Code section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, or loan.

### **III.2. Cost Sharing To Promote Sustainability**

There is no match requirement for this program. However, leveraging other resources and related on-going efforts to promote sustainability is encouraged and demonstration of leveraged

support will receive additional consideration in the application scoring process. Additional requirements on sustainability are highlighted in the program workplan section.

### **III.3. Other**

- Applications that do not address all activities will be deemed incomplete and considered non-responsive and will not be entered into the review process.
- Unqualified and/or non-responsive applicants will be notified that their applications did not meet the submission requirements.
- Applicants are required to submit a Letter of Intent (LOI) to be eligible to apply for this program. Failure to submit a LOI will result in non-responsiveness and the applicant will be prohibited from applying. See Sections (IV.2) of this announcement for more information on LOI submission.

## **IV. Application and Submission Information**

### **IV.1. Address to Request Application Package**

To apply for this funding opportunity use the application forms package posted on Grants.gov at <http://www.grants.gov> or the GrantSolutions system at <http://www.grantsolutions.gov>. To obtain a hard copy of the application kit for this grant program, contact the OPHS Office of Grants Management, 1101 Wootton Parkway, Suite 550, Rockville, Maryland 20852; or by telephone at (240) 453-8822. Applications must be prepared using Form OPHS-1, which can be obtained at the web sites noted above.

Please visit [www.Grants.gov](http://www.Grants.gov) at least 30 days prior to filing your application to familiarize yourself with the registration and submission processes. Under “Get Registered,” the one-time registration process will take three to five days to complete; however, as part of the Grants.gov registration process, registering your organization with the Central Contractor Registry (CCR) annually, could take an additional one to two days to complete. We suggest submitting electronic applications prior to the closing date so if difficulties are encountered, you can submit a hard copy of the application prior to the deadline.

#### **IV.2. Content and Form of Application Submission**

##### **Letter of Intent (LOI):**

A letter of intent (LOI) from the Executive Director or President of the National Organization is required from all potential applicants for the purposes of planning the competitive review process. Failure to submit a LOI will result in non-responsiveness and the applicant will be prohibited from applying.

A letter of intent should be no more than two pages (8.5 x 11), double-spaced, printed on one side, with one-inch margins, written in English (avoiding jargon), and unreduced 12-point font. Additionally, a letter of intent must include following information (failure to submit a LOI will result in non-responsiveness and the applicant will be prohibited from applying):

- ARRA Prevention and Wellness- Leveraging National Organizations; CFDA 93.731
- Category A or B or both: each risk factor area (tobacco and/or obesity through physical activity and/or nutrition) for which the applicant intends to apply; and
- A program point of contact (including email) at the applicant organization.

Although the LOI will not be scored as part of the application process. Letters of intent can be submitted electronically ([www.GrantSolutions.gov](http://www.GrantSolutions.gov) or [www.Grants.Gov](http://www.Grants.Gov)) or via mail (OPHS Office of Grants Management, 1101 Wootton Parkway, Suite 550, Rockville, Maryland 20852). Applicants will be notified by email upon receipt of the LOI by OPHS.

Application:

A Project Abstract must be submitted with the application forms. All electronic project abstracts must be uploaded in a PDF file format when submitting via Grants.gov. The abstract must be submitted in the following format:

- Maximum of two pages
- Maximum of 3-4 paragraphs
- Font size: 12 point unreduced, Times New Roman
- Single spaced
- Paper size: 8.5 by 11 inches
- Page margin size: one inch

The project abstract must contain which category of activities the national organization is applying for (either Category A or Category B), a summary of the proposed activities suitable for dissemination to the public, and evidence that the organization operates nationally within the United States and/or its territories and has affiliate offices, or chapters, in a minimum of five of the regions of HHS. If applying for both categories, a separate project abstract is required for each category. The abstract should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. This abstract must not include any proprietary/confidential information.

As indicated above, a project narrative/workplan must be submitted with the application forms.

All electronic narratives must be uploaded in a PDF file format when submitting via Grants.gov.

The narrative must be submitted in the following format:

- Maximum number of pages: 30. If your narrative exceeds the page limit, only the first 30 pages will be reviewed.
- Font size: 12 point unreduced, Times New Roman
- Double spaced
- Paper size: 8.5 by 11 inches
- Page margin size: one inch
- Single-sided printing
- Number all narrative pages (not to exceed 30)
- Paper application should be held together only by rubber bands or metal clips; not bound in any other way.

The applicant organization is required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the Federal government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the [Dun and Bradstreet website](#) or call 1-866-705-5711.

Additional requirements that may request submission of additional documentation with the application are listed in section “VI.2. Administrative and National Policy Requirements.”

### **IV.3. Submission Dates and Times**

Application Submission Deadline Date is April 12, 2010.

Required Letter of Intent is due by March 30, 2010.

Applications may be submitted electronically at [www.Grants.gov](http://www.Grants.gov). Applications completed on-line through Grants.gov are considered formally submitted when the applicant organization's Authorizing Organization Representative (AOR) electronically submits the application to [www.Grants.gov](http://www.Grants.gov). Electronic applications will be considered as having met the deadline if the application has been successfully submitted electronically by the applicant organization's AOR to Grants.gov on or before the deadline date and time.

When submission of the application is done electronically through Grants.gov (<http://www.grants.gov>), the application will be electronically time/date stamped and a tracking number will be assigned, which will serve as receipt of submission. The AOR will receive an e-mail notice of receipt when OPHS receives the application.

If submittal of the application is by the United States Postal Service or commercial delivery service, the applicant must ensure that the carrier will be able to guarantee delivery by the closing date and time. The applicant will be given the opportunity to submit documentation of the carrier's guarantee, if OPHS receives the submission after the closing date due to: (1) carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time; or (2) significant weather delays or natural disasters. If the documentation verifies a carrier problem, OPHS will consider the submission as having been received by the deadline.

If a hard copy application is submitted, OPHS will not notify the applicant upon receipt of the submission. If questions arise on the receipt of the application, the applicant should first contact the carrier. If the applicant still has questions, contact the Grants Application Center. The applicant should wait two to three days after the submission deadline before calling. This will allow time for submissions to be processed and logged.

This announcement is the definitive guide on application content, submission address, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline above, it will not be eligible for review. The application face page will be returned by OPHS with a written explanation of the reason for non-acceptance. The applicant will be notified the application did not meet the submission requirements.

### Submission Mechanisms

HHS/OPHS provides multiple mechanisms for the submission of applications, as described in the following Sections. Applicants will receive notification via email from the HHS/OPHS Office of Grants Management to confirm the receipt of applications submitted by using any of these mechanisms. HHS will not accept for review applications submitted to the HHS/OPHS Office of Grants Management after the deadlines described below. HHS will not accept for review applications that do not conform to the requirements of this grant announcement, and will return hard-copy applications to the applicant.



While HHS will accept applications in hard copy, the Directorate encourages the use of the electronic application-submission capabilities provided by the Grants.gov and GrantSolutions.gov systems. Applications may only be submitted electronically via the electronic submission mechanisms specified below. HHS will not accept for review any applications submitted via any other means of electronic communication, including facsimile or electronic mail. All HHS funding opportunities and application kits are available on Grants.gov. If your organization has/had a grantee business relationship with a grant program serviced by the HHS/OPHS Office of Grants Management, and you are applying as part of ongoing, grantee-related activities, please use GrantSolutions.gov.

Applications must be submitted in an electronic file format or typed so that it can be easily viewed, copied and read by reviewers. It is recommended that scanned copies not be submitted through Grants.gov or GrantSolutions unless the applicant confirms the clarity of the documents.

Applicants submitting electronic grant applications must do so no later than 11:00 pm, Eastern Time, on the deadline date specified in the “Dates” Section of this announcement, by using one of the electronic-submission mechanisms specified below. For applications submitted electronically, HHS/OPHS Office of Grants Management must receive all required, hard-copy, original signatures and mail-in items c/o the Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, no later than 5:00 p.m., Eastern Time, on the next business day after the deadline date specified in the “Dates” Section of this announcement.

HHS/OPHS must receive hard-copy applications no later than 5:00 p.m., Eastern Time, on the deadline date specified in the “Dates” Section of this announcement.

HHS will not consider applications as valid until the HHS/OPHS Office of Grants Management has received all components of the electronic application; hard-copy with original signatures, and mail-in items, according to the deadlines specified above. HHS will consider as late any application submissions that does not adhere to the due-date requirements, will deem them ineligible. Applicants should initiate electronic applications as early as possible, and should submit early on the due date or before. This will aid in addressing any problems with submissions prior to the application deadline.

#### Electronic Submissions via the Grants.gov Website Portal

The Grants.gov Website Portal provides organizations with the ability to submit applications for HHS grant opportunities. Organizations must successfully complete the necessary registration processes to submit an application. Information about this system is available on the Grants.gov website, <http://www.grants.gov>.

In addition to electronically submitted materials, applicants may have to submit hard-copy signatures for certain program-related forms, or original materials, as required by this announcement. Applicants must review both the grant announcement, as well as the application guidance provided within the Grants.gov application package, to determine such requirements. Applicants must submit separately any required, hard-copy materials, or documents that require a

signature, via mail to the HHS/OPHS Office of Grants Management, at the address and time specified above; if required, these materials must contain the original signature of an individual authorized to act for the applicant and assume the obligations imposed by the terms and conditions of the grant award. When submitting the required forms, do not send the entire application. HHS will not consider for review complete, hard-copy applications submitted after the electronic submission.

Electronic applications submitted via the Grants.gov Website Portal must contain all completed online forms required by the application kit, the Program Narrative, Budget Narrative, and any appendices or exhibits. Any files uploaded or attached to the Grants.gov application must be of the following file formats – Microsoft Word, Excel or PowerPoint, Corel WordPerfect, ASCII Text, Adobe PDF, or image formats (JPG, GIF, TIFF, or BMP only). Even though Grants.gov allows applicants to attach any file format as part of their application, HHS/OPHS restricts this practice, and only accepts the file formats identified above. HHS/OPHS will not accept for processing any file submitted as part of the Grants.gov application that is not in a file format identified above and will exclude it from the application during the review process.

HHS/OPHS must receive all required, mail-in items by the due date specified above. **Mail-in items only include publications, resumes, or organizational documentation.** When submitting the required forms, do not send the entire application. HHS will not accept for review complete, hard-copy applications submitted after the electronic submission.

Upon completion of a successful electronic application submission via the Grants.gov Website Portal, applicants will receive a confirmation page from Grants.gov that indicates the date and time (Eastern Time) of the submission, as well as a Grants.gov Receipt Number. Applicants must print and retain this confirmation for their records, as well as a copy of the entire application package. Grants.gov will validate all applications submitted via the Grants.gov Website Portal. Any applications deemed “invalid” by the Grants.gov Website Portal will not transfer to the Grant Solutions system, and HHS/OPHS has no responsibility for any application not validated and transferred to HHS/OPHS from the Grants.gov Website Portal. Grants.gov will notify applicants regarding the validation status of applications. Once the Grants.gov Website Portal has successfully validated an application, applicants should immediately mail all required, hard-copy materials to the HHS/OPHS Office of Grants Management, c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, by the deadlines specified above. Applicants must clearly identify their organization’s name and Grants.gov Application Receipt Number on all hard-copy materials.

Once Grants.gov has validated an application, it will electronically transfer to the Grant Solutions system for processing. Upon receipt of both the electronic application from the Grants.gov Website Portal, and the required, hard-copy mail-in items, applicants will receive notification via mail from the HHS/OPHS Office of Grants Management to confirm the receipt of the application submitted through the Grants.gov Website Portal. Applicants should contact Grants.gov regarding any questions or concerns regarding the electronic-application process conducted through the Grants.gov Website Portal.

### Electronic Submissions via the Grant Solutions System

HHS/OPHS is a managing partner of the GrantSolutions.gov system. Grant Solutions is a full life-cycle grants-management system operated by the HHS Administration for Children and Families, designated by OMB as one of the three, Government-wide grants management systems under the Grants-Management Line-of-Business Initiative (GMLoB). HHS/OPHS uses Grant Solutions for the electronic processing of all grant applications, as well as the electronic management of its entire grant portfolio.

When submitting applications via the Grant Solutions system, applicants must still submit a hard copy of the face page of the application (Standard Form 424), with the original signature of an individual authorized to act for the applicant and assume the obligations imposed by the terms and conditions of the grant award. If required, applicants will also need to submit a hard copy of the Standard Form LLL and/or certain Program related forms (e.g., Program Certifications) with the original signature of an individual authorized to act for the applicant. When submitting the required hard-copy forms, do not send the entire application. HHS will not consider for review complete, hard-copy applications submitted after the electronic submission. Applicants should submit hard-copy materials to the HHS/OPHS Office of Grants Management at the address specified above.

Electronic applications submitted via the Grant Solutions system must contain all completed, on-line forms required by the application kit, the Program Narrative, Budget Narrative, and any appendices or exhibits. Applicants may identify specific, mail-in items to send to the HHS/OPHS Office of Grants Management (see mailing address above) separate from the

electronic submission; however, applicants must enter these mail-in items on the Grant Solutions Application Checklist at the time of electronic submission, which HHS/OPHS must receive by the due date specified above.

Upon completion of a successful, electronic submission, the Grant Solutions system will provide applicants with a confirmation page to indicate the date and time (Eastern Time) of the submission. This confirmation page will also provide a listing of all items that constitute the final application submission, including all components of the electronic application, required, hard-copy original signatures; and mail-in items.

As the HHS/OPHS Office of Grants Management receives items, it will update the electronic application status to reflect the receipt of mail-in items. HHS recommends that applicants monitor the status of their applications in the Grant Solutions system to ensure the receipt of all signatures and mail-in items.

#### Mailed or Hand-Delivered, Hard-Copy Applications

Applicants who submit applications in hard copy (via mail or hand-delivered) must submit an original, and two copies of the application. An individual authorized to act for the applicant, and to assume for the organization the obligations imposed by the terms and conditions of the grant award, must sign the original application.

HHS will consider mailed or hand-delivered applications having met the deadline if the HHS/OPHS Office of Grants Management receives them c/o Grant Application Center, 1515

Wilson Blvd., Suite 100, Arlington, VA 22209, on or before 5:00 p.m., Eastern Time, on the deadline date specified in the “Dates” Section of this announcement. The application deadline specified in this announcement supersedes the instructions in the OPHS-1. HHS/OPHS will return, unread to the applicant any application that does not meet the deadline.

#### **IV.4. Intergovernmental Review of Applications**

Executive Order 12372 does not apply to this program.

#### **IV.5. Funding Restrictions**

Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual, etc.
- Awardees may not use funding for the purchase of furniture or equipment. The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Reimbursement of pre-award costs is not allowed.

Additionally Grant funds may not be used for:

1. Building alterations or renovations.
2. Construction.

3. Fund-raising activities.
4. Job training
5. Political education and lobbying
6. Vocational rehabilitation.

If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required.

If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age.

The indirect cost rate agreement should be uploaded as a PDF file with “Other Attachment Forms” when submitting via Grants.gov.

#### **IV.6. Other Submission Requirements**

OPHS strongly encourages applicants to submit applications electronically at [www.Grants.gov](http://www.Grants.gov).

The application package can be downloaded from [www.Grants.gov](http://www.Grants.gov). Applicants are able to complete it off-line, and then upload and submit the application via the Grants.gov web site. E-mail submissions will not be accepted. If the applicant has technical difficulties in Grants.gov, customer service can be reached by E-mail at [support@grants.gov](mailto:support@grants.gov) or by phone at 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00a.m. to 9:00p.m. Eastern Time, Monday through Friday.

OPHS recommends that submittal of the application to Grants.gov should be prior to the closing date to resolve any unanticipated difficulties prior to the deadline. Applicants may also submit a back-up paper submission of the application. Any such paper submission must be received in accordance with the requirements for timely submission detailed in Section IV.3. of the grant announcement. The paper submission must be clearly marked: “BACK-UP FOR ELECTRONIC



SUBMISSION.” The paper submission must conform to all requirements for non-electronic submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered the official submission.

The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

AND/OR

Paper Submission:

Applicants should submit the original and two hard copies of the application by mail or express delivery service to: Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, on or before 5:00 p.m., Eastern Time, on the deadline date specified in the “Dates” Section of this announcement.

## **V. Application Review Information**

### **V.1. Criteria**

The application will be evaluated against the following criteria: TOTAL 100 Points

1. WORK PLAN (30 points)
  - a. Does the applicant effectively address applicant activities?
  - b. Is the timeline feasible to achieve outcomes within the two-year timeframe?

- c. As the priority activity is to support the CPPW-funded communities, does the applicant provide a description of ways to provide technical assistance to funded CPPW communities?
  - d. Does the applicant have a reasonable plan for sustaining activities beyond federal funding through this initiative?
- 2. ORGANIZATIONAL CAPACITY AND STRUCTURE (20 points)
  - a. Does the organization meet the specifications included in the eligibility section of the funding opportunity announcement?
  - b. Does the organization have sufficient infrastructure and capacity to support and enhance the proposed activities?
  - c. Does the organization have experience working with local communities to promote policy, systems, and environmental change strategies to promote tobacco and obesity prevention?
- 3. STAFFING AND MANAGEMANT PLAN (15 points)
  - a. Do organizational staff members have appropriate experience? Are CVs or resumes attached in the appendices?
  - b. Are staff roles clearly defined in terms of technical assistance and administrative management of the cooperative agreement?
  - c. Are clear lines of authority designated and delineated?
  - d. Will staff be sufficient to accomplish the program goals?
- 4. PROGRAM REPORTING REQUIREMENTS AND EVALUATION PLAN (15 points)
  - a. Does the applicant have a plan to track and report ARRA-required output and outcome measures?

- b. Does the applicant propose an evaluation plan that includes quantitative and qualitative measures to measure progress on contribution to community policy changes, partnership growth and overall sustainability?
- 5. SUSTAINABILITY (10 points)

Does the organization provide evidence of partnerships (e.g. letters of support and/or Memorandum of Understandings) to leverage additional support and ongoing sustainability?
- 6. BUDGET (SF 424A) AND BUDGET NARRATIVE (10 points)
  - a. Is the budget reasonable and consistent with the proposed activities and intent of the initiative?
  - b. Does the budget support ARRA reporting and evaluation activities?

## **V.2. Review and Selection Process**

Applications will be reviewed for completeness and responsiveness jointly by OPHS grants management and program staff. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified that the application did not meet submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed above.

Applications for funding Category A will compete only with applications for funding Category A. Applicants applying for both categories must submit separate applications for each category

for consideration and will be competing against other applications for that same category. Final award decisions will be made by OPHS and will consider:

- recommendations of the review panel;
- reviews for programmatic and grants management compliance;
- reasonableness of the estimated cost to the government considering the available funding and anticipated results; and
- the likelihood that the proposed project will result in the expected benefits.

### **V.3. Anticipated Announcement Award Dates**

May 2010

## **VI. Award Administration Information**

### **VI.1. Award Notices**

Successful applicants will receive a Notice of Award (NoA) from the OPHS Grants Management Office. The NoA shall include all of the requirements of the cooperative agreement and be the only binding, authorizing document between the recipient and OPHS. The NoA will be signed by an authorized Grants Management Officer and emailed to the program director and a hard copy mailed to the recipient fiscal officer identified in the application. Unsuccessful applicants will receive notification of the results of the application review by mail.

### **VI.2. Administrative and National Policy Requirements**

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 and Part 92, as appropriate. The following additional requirements apply to this project:

- AR-8            Public Health System Reporting Requirements
- AR-9            Paperwork Reduction Act Requirements
- AR-10          Smoke-Free Workplace Requirements
- AR-11          Healthy People 2010
- AR-12          Lobbying Restrictions
- AR-14          Accounting System Requirements
- AR-15          Proof of Non-Profit Status
- AR-21          Small, Minority, and Women-Owned Business
- AR-23          States and Faith-Based Organizations
- AR-25          Release and Sharing of Data
- AR 26          National Historic Preservation Act of 1996
- AR-27          Conference Disclaimer and Use of Logos

Additional information on the requirements can be found on the grants.gov web site:

OPHS Assurances and Certifications can be found on the grants.gov web site:

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

### **VI.3. Reporting Requirements**

The applicant must provide OPHS with quarterly interim progress reports: A schedule of required reports will be provided via letter to awardees.

Additionally, the applicant must provide OPHS with an original, plus two hard copies of the

following reports:

- a. A Financial Status Report and Annual Progress Report are due by June 1, 2011.
- b. A Final Performance Report and Final Financial Status Report are due by September 1, 2012.

These reports must be submitted to the attention of the Grants Management Officer listed on the Notice of Grant Award.

#### **VI.4. Recovery Act-Specific Reporting Requirements**

##### Other Standard Terms and Conditions

All other grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements apply unless they conflict or are superseded by the following terms and conditions implementing the American Recovery and Reinvestment Act of 2009 (Recovery Act) requirements below. Recipients are responsible for contacting their HHS grant/program managers for any needed clarifications.

##### 1. Quarterly Benchmarks

Awardees are required to meet quarterly benchmarks in the first year of implementation, located in Attachment A. During year 1, at the end of each quarter, each awardee will receive a score card indicating the percentage of benchmarks being met (100%-70% of benchmarks = green; 70%-50% of benchmarks = yellow; less than 50% of benchmarks = red). Leadership within HHS will be made aware of those awardees that are scoring in

the yellow and red. Quarterly scores resulting in a red designation will result in an immediate on-site meeting with OPHS staff to establish an emergency plan for overcoming barriers to success. Awardees within the red scorecard category will be asked to submit a performance improvement plan, and teams of experts will be available to provide intensive programmatic support and to verify progress. In accordance with applicable laws and regulations including 45 CFR 92.43, OPHS may take certain enforcement actions, including termination of funding, against poor performing grants.

## 2. Recovery Act-Specific Requirements

Recipients of Federal awards from funds authorized under Division A of the Recovery Act must comply with all requirements specified in Division A of the Recovery Act (Public Law 111-5), including reporting requirements outlined in Section 1512 of the Act and designated Recovery Act outcome and output measures as detailed at the end of this section. For purposes of reporting, Recovery Act recipients must report on Recovery Act sub-recipient (sub-grantee and sub-contractor) activities as specified below and as detailed in OMB Guidance M-10-08

([http://www.whitehouse.gov/omb/assets/memoranda\\_2010/m10-08.pdf](http://www.whitehouse.gov/omb/assets/memoranda_2010/m10-08.pdf)) and any subsequent OMB guidance. Not later than 10 days after the end of each calendar quarter, starting with the quarter ending March 30, 2010 and reporting by April 10, 2010, the recipient must submit quarterly reports to HHS that will be posted to Recovery.gov (Leveraging National Organizations recipients will be required to report starting with the quarter ending June 30, 2010 and reporting by July 10, 2010), containing the following information:

- a. The total amount of Recovery Act funds under this award;
- b. The amount of Recovery Act funds received under this award that were obligated and expended to projects or activities;
- c. The amount of unobligated award balances;
- d. A detailed list of all projects or activities for which Recovery Act funds under this award were obligated and expended, including
  - The name of the project or activity;
  - A description of the project or activity;
  - An evaluation of the completion status of the project or activity;
  - An estimate of the number of jobs created and the number of jobs retained by the project or activity (see OMB Guidance M-09-21, June 22, 2009, updated by OMB Guidance M-10-08, December 18, 2009, and any subsequent updates) and;
  - For infrastructure investments made by state and local governments, the purpose, total cost, and rationale of the agency for funding the infrastructure investment with funds made available under this Act, and the name of the person to contact at the agency if there are concerns with the infrastructure investment.
- e. Detailed information on any sub-awards (sub-contracts or sub-grants) made by the grant recipient to include the data elements required to comply with the Federal Funding Accountability and Transparency Act of 2006 (Public Law 109-282).



For any sub-award equal to or larger than \$25,000, the following information:

- The name of the entity receiving the sub-award;
  - The amount of the sub-award;
  - The transaction type;
  - The North American Industry Classification System code or Catalog of Federal Domestic Assistance (CFDA) number;
  - Program source;
  - An award title descriptive of the purpose of each funding action;
  - The location of the entity receiving the award;
  - The primary location of performance under the award, including the city, state, tribe, congressional district, and county.
  - A unique identifier of the entity receiving the award and of the parent entity of the recipient, should the entity be owned by another entity;
  - The date the sub-award was issued;
  - The term of the sub-award (start/end dates);
  - The scope/activities of the sub-award;
  - The amount of the total sub-award that has been obligated or disbursed by the sub-recipient; and
  - The amount of the total sub-award that remains unobligated by the sub-recipient.
- f. All sub-awards less than \$25,000 or to individuals may be reported in the aggregate, as prescribed by HHS.

- g. Recipients must account for each Recovery Act award and sub-award (sub-grant and sub-contract) separately. Recipients will draw down Recovery Act funds on an award-specific basis. Pooling of Recovery Act award funds with other funds for drawdown or other purposes is not permitted.
- h. Recipients must account for each Recovery Act award separately by referencing the assigned CFDA number for each award.

The definition of terms and data elements, as well as any specific instructions for reporting, including required formats, will be provided in subsequent guidance issued by HHS.

### 3 Buy American - Use of American Iron, Steel, and Manufactured Goods

Recipients may not use any funds obligated under this award for the construction, alteration, maintenance, or repair of a public building or public work unless all of the iron, steel, and manufactured goods used in the project are produced in the United States unless HHS waives the application of this provision. (Recovery Act Sec. 1605)

### 4. Wage Rate Requirements

*[This term and condition shall not apply to tribal contracts funded with this appropriation. (Recovery Act Title VII—Interior, Environment, and Related Agencies, Department of Health and Human Services, Indian Health Facilities)]*

Subject to further clarification issued by the Office of Management and Budget, and notwithstanding any other provision of law and in a manner consistent with other

provisions of Recovery Act, all laborers and mechanics employed by contractors and subcontractors on projects funded directly by or assisted in whole or in part by and through the Federal Government pursuant to this award shall be paid wages at rates not less than those prevailing on projects of a character similar in the locality as determined by the Secretary of Labor in accordance with subchapter IV of chapter 31 of title 40, United States Code. With respect to the labor standards specified in this section, the Secretary of Labor shall have the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (64 Stat. 1267; 5 U.S.C. App.) and section 3145 of title 40, United States Code. (Recovery Act Sec. 1606)

#### 5. Preference for Quick Start Activities (Recovery Act)

In using funds for this award for infrastructure investment, recipients shall give preference to activities that can be started and completed expeditiously, including a goal of using at least 50 percent of the funds for activities that can be initiated not later than 120 days after the date of the enactment of Recovery Act. Recipients shall also use grant funds in a manner that maximizes job creation and economic benefit. (Recovery Act Sec. 1602)

#### 6. Limit on Funds (Recovery Act)

None of the funds appropriated or otherwise made available in Recovery Act may be used by any state, local, or tribal government, or any private entity, for any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool. (Recovery Act Sec. 1604)

#### 7. Disclosure of Fraud or Misconduct

Each recipient or sub-recipient awarded funds made available under the Recovery Act shall promptly refer to the HHS Office of Inspector General any credible evidence that a principal, employee, agent, contractor, sub-recipient, subcontractor, or other person has submitted a false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving those funds. The HHS Office of Inspector General can be reached at <http://www.oig.hhs.gov/fraud/hotline/>

#### 8. Recovery Act: One-Time Funding

Unless otherwise specified, Recovery Act funding to existent or new awardees should be considered one-time funding.

#### 9. Schedule of Expenditures of Federal Awards

Recipients agree to separately identify the expenditures for each grant award funded under Recovery Act on the Schedule of Expenditures of Federal Awards (SEFA) and the Data Collection Form (SF-SAC) required by Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations." This identification on the SEFA and SF-SAC shall include the federal award number, the Catalog of Federal Domestic Assistance (CFDA) number, and amount such that separate accountability and disclosure is provided for Recovery Act funds by federal award

number consistent with the recipient reports required by Recovery Act Section 1512(c).  
(2 CFR 215.26, 45 CFR 74.26, and 45 CFR 92.26)

#### 10. Responsibilities for Informing Sub-recipients

Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the federal award number, any special CFDA number assigned for Recovery Act purposes, and amount of Recovery Act funds. (2 CFR 215.26, 45 CFR 74.26, and 45 CFR 92.26)

#### 11. Reporting Jobs Creation

HHS' recipients of Recovery Act funding who are subject to Section 1512 reporting should report job-created data as prescribed in Section 5 of the Office of Management and Budget (OMB) guidance M-09-21, as updated by OMB guidance M-10-08 and any subsequent guidances. HHS will not accept statistical sampling methods to estimate the number of jobs created and retained. All recipients must report a direct and comprehensive count of jobs, as specified by OMB guidance. For the full OMB guidance, please visit: ([http://www.whitehouse.gov/omb/assets/memoranda\\_2010/m10-08.pdf](http://www.whitehouse.gov/omb/assets/memoranda_2010/m10-08.pdf))

## **VII. Agency Contacts**

### Where to Obtain Additional Information

If you are interested in obtaining additional information regarding this project, contact Ms. Julie Moreno, Project Officer, Division, Office of Public Health and Science, 200 Independence

Avenue, 701-H, Washington DC, 20201, by telephone at 202-401-9581 or by email at [natorgs.cppw@hhs.gov](mailto:natorgs.cppw@hhs.gov).

For questions regarding administrative and budgetary requirements, or the submission process, please contact the OPHS Office of Grants Management, 1101 Wootton Parkway, Suite 550, Rockville, Maryland 20852; or by telephone at (240) 453-8822.

### **VIII. Recovery Act Lobbying Restrictions**

This funding announcement is subject to restrictions on oral conversations during the period of time commencing with the submission of a formal application<sup>1</sup> by an individual or entity and ending with the award of the competitive funds. Federal officials may not participate in oral communications initiated by any person or entity concerning a pending application for a Recovery Act competitive grant or other competitive form of Federal financial assistance, whether or not the initiating party is a federally registered lobbyist. This restriction applies unless:

1. The communication is purely logistical;
2. The communication is made at a widely attended gathering;
3. The communication is to or from a Federal agency official and another Federal Government employee;
4. The communication is to or from a Federal agency official and an elected chief executive of a state, local or tribal government, or to or from a Federal agency official and the Presiding Officer or Majority Leader in each chamber of a state legislature; or

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<sup>1</sup> Formal Application includes the preliminary application and letter of intent phases of the program.

5. The communication is initiated by the Federal agency official.

For additional information see [http://www.whitehouse.gov/omb/assets/memoranda\\_fy2009/m09-24.pdf](http://www.whitehouse.gov/omb/assets/memoranda_fy2009/m09-24.pdf) .